

C1 **2241** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 34572**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **11/16/90**
 Depth of Well **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HA-88-1235**

OWNER **COOK EDNA**
 STREET OR RFD **11285 OLD FRED RD** first name **COOK** TOWN **MARRIOTTVILLE**
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP soil	0	2	
Clay	2	8	
Shaley	8	15	
Sand Stone	15	55	
Mica	35	45	
Sand Stone	45	54	
Mica	54	56	J
Sand Stone			
Mica	56	160	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **10** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **160**
57 **63** **64** **66** **70**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **160** 42 160
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **55**
 WHEN PUMPING **160**
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } **2** (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEC 11 6 31 AM '90
 HEALTH DEPT. RECEIVED
 11285 OLD FRED RD.
 T. H. H. H.

B 1 **0893** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

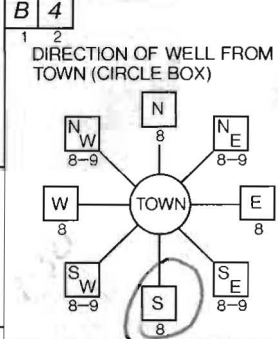
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1635
 fill in this form completely

Date Received (ARA) **11/07/90**
OWNER INFORMATION
 15 Last Name **BOOKER** Owner First Name **EDNA**
 36 Street or RFD **11285 OLD FREDERICK RD**
 57 Town **MARRIOTTSVILLE** 70 State 72 **MD** Zip 76 **21104**

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION
 SECTION 44 LOT 48 50
MARRIOTTSVILLE 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI 73 76 77 78

DRILLER INFORMATION
George P. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc. 829-1640
 Firm Name
9265 Brown Church Rd. MT. Airy, Md 21771
 Address
George P. Easterday 11/7/90
 Signature Date



11285 OLD FRED RD 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **100** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A34572 COUNTY NO.
 STATE SIGNATURE **Mark E. Ripkin** 5/15/91
 DATE ISSUED 41
 NORTH GRID **540000** EAST GRID **0827000**
 50 55 57 63

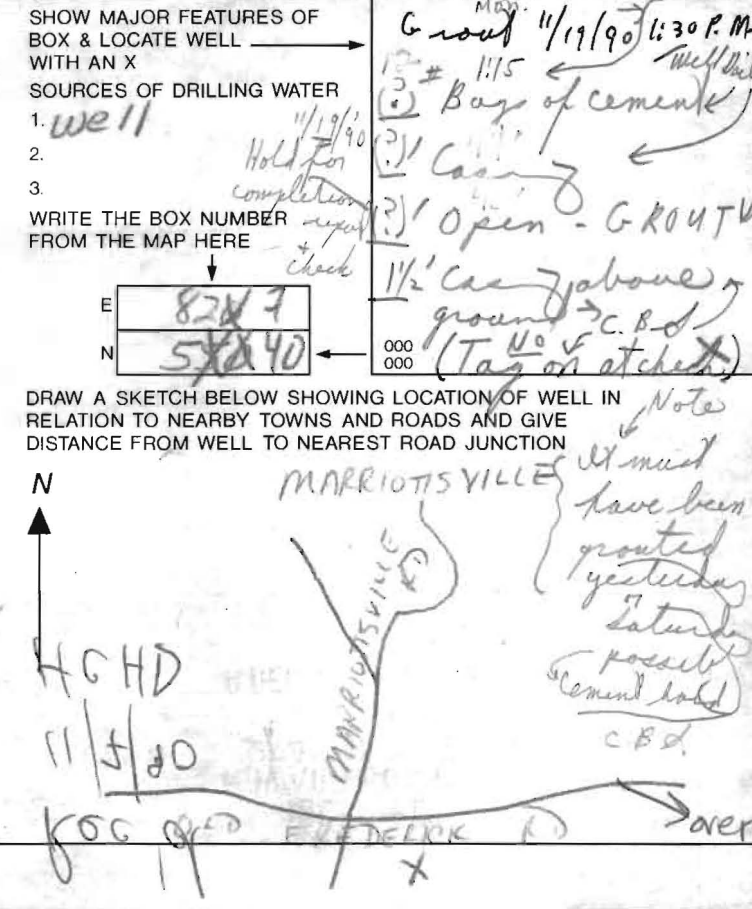
APPROXIMATE DEPTH OF WELL **360** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MA** WRITE INITIALS IN BOX PERMIT No. **HO-88-1635**
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2. **1 1/2' casing above ground - C.B.D. (Tag on sketch)**
 3. **1 1/2' casing above ground - C.B.D. (Tag on sketch)**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8247**
 N **54040**
 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION


11-20-90 11:00
Cancelled
11-21-90 9:30

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # pd
Date 10-15-90
Name of Installer W.C. Simmons Sr. Easterday Well Pump Telephone 301-831-5170
License Number MMD 307
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Edna Cook Telephone 442-2761
Subdivision _____ Lot # _____ Well Tag # H0-88-1635
Site Address 11285 Old Field Rd

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make Cambell
a. Deep well jet _____ 2. RPM 3450 2. Model # D12X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42 inches
c. Submersible a. 110 _____
2. Make Goulds b. 220
3. Model # 7EH05422
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank Piping Well data
1. Capacity 42 1. Type Plastic 1. Depth 160 ft.
2. Pressure relief valve? Yes 2. Size 1" 2. Yield 10 GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level 42 ft.
4. Depth of supply line 42 inches 4. Will water supply be disinfected by installer? Yes
P.A. 3 1/2 B.G. OK
MR 11/21/90

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Lester Simmons Sr.
Date: 11/21/90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

all that lot or parcel of ground, situate, lying and being in Third Election District Howard County, aforesaid, and described as follows, that is to say:-

BEGINNING for the same at the Southeast corner of lot NO. 3, said point being in the Fifth line of the whole tract, 354 feet from the beginning of the said Fifth line, and running thence with the said lot NO. 3, (1) N. $17\frac{1}{2}$ deg. E. 665 feet to a point in the Old Frederick Road, intersecting the Third line of the whole tract, and binding thereon, reversely, (2) S. $61\frac{1}{2}$ deg. E. 67 feet, thence running by a line of division now made, (3) S. $17\frac{3}{4}$ deg. W. 636 feet, intersecting the said Fifth line of the whole tract, and binding thereon, (4) N. $86\frac{1}{2}$ deg. W. 67 feet to the place of beginning. Containing one acre of land.

BEING lot NO. 4. on a plat of survey made November 14, 1946 by J. Harry Koller.

Being also a part of the property conveyed to the said John N. Howard by deed from Wm. Henry Forsythe, Trustee, dated September 26, 1946, and recorded among the Land Records of Howard County in Liber B.M.Jr., NO. 194 folio 8.

TOGETHER with the buildings and improvements thereupon erected, made or being and all and every the rights, alleys, ways, waters, privileges, appurtenances and advantages, to the same belonging, or anywise appertaining.

TO HAVE AND TO HOLD the said lot of ground and premises, above described and mentioned, and hereby intended to be conveyed; together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper use and benefit of the said Edward Dorsey and Mary Dorsey,

..... Dollars,

~~and other good and valuable considerations,~~

the said John N. Howard and Florence Howard, his wife,

do grant and convey unto the said Edward Dorsey and Mary Dorsey, his wife, as

tenants by the entirety, their

..... heirs and assigns, in fee simple, all that lot or parcel

..... of ground, situate, lying and being in
Third Election District Howard County, aforesaid, and described as follows, that is to say:—

Beginning for the ~~same~~ at the Southeast corner of Lot NO. 11, said point being in
the fifth line of the whole tract, 987 feet from the beginning of said fifth line, and
running thence with the said fifth line, (1) S. $86\frac{1}{4}$ deg. E. 96 feet, thence running
by a line of division now made, (2) N. 20 deg. E. 448 feet to the Old Frederick
Road, intersecting the second line of the whole tract, and binding thereon, (3) N. $69\frac{3}{4}$
deg. W. 96 feet to the Northeast corner of Lot NO. 11, and binding thereon, (4) S. $19\frac{3}{4}$
deg. W. 476 feet to the place of beginning. Containing one acre of land.

SITE INSPECTION SHEET

INSP DATE - NOV 7 9:30

OWNER: EDNA COOK

DATE REQUESTED: 11/1/90

PHONE #: 442-2761

CONTRACTOR: EASTENDAY

ADDRESS: 11285 OLD FREDONICK RD

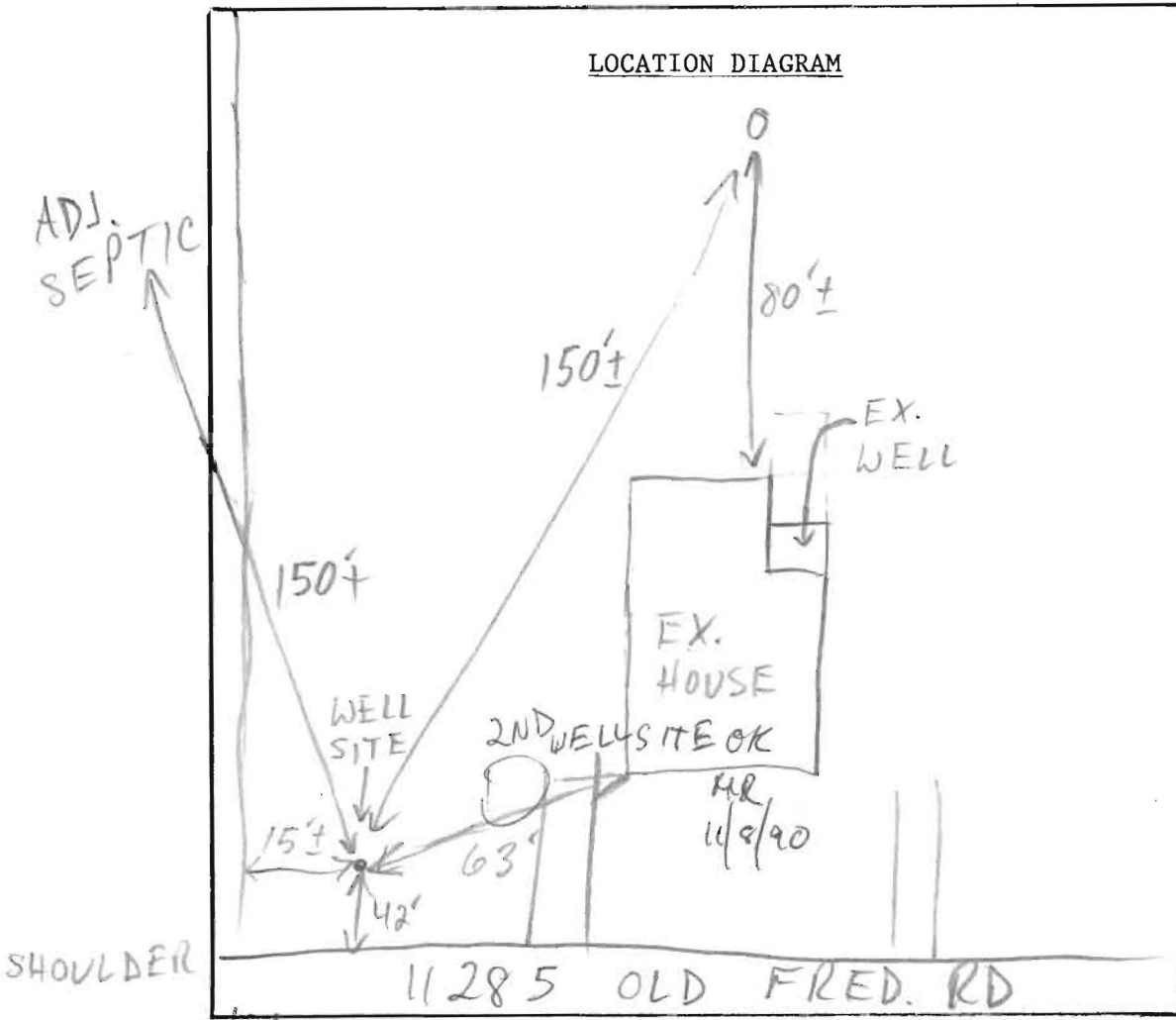
WELL TAG #:

MANNIOTSVILLE

COUNTY #:

PROPOSAL: REPLACEMENT WELL SITE REQUESTED

LOCATION DIAGRAM



COMMENTS: 11/7/90 SHALLOW WELL, LOW YIELD, NEW SITE SELECTED OK TO DRILL

DATE: 11/7/90

INSPECTOR: M. Riskin

6/18/93 9:30

6/23/93 ASAP

WELL ABANDONMENT REPORT

Date 6/18/93

Permit Number of abandoned well (if any)

Grid for permit number: 11-000000

NO TAG TOO OLD

Driller's Name UNKNOWN
Last First

Owner's Name COOK EDNA
Last First
11285 OLD FREDERICK RD

Well Location:
County HOWARD
Subdivision _____
Section _____ Lot _____
Nearest Town MARRIOTT'S VILLE
Maryland Grid Location _____

Box Number E 27
N 541

0/5	5/
(W) 0/0	S

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify

Depth of Well 70 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify

Size of Casing 7 Inches

Was any case removed Yes No
if yes amount removed _____ (feet)

Was casing ripped or pericrated Yes No

Log of Sealing Material

Material	Feet	
	From	To
DRILLED WELL CEMENT	0	70
PUMP PIT CEMENT & ROCKS	0	6

EXISTING REPLACEMENT WELL IS
HO-88-1635

F COP 9/16/90 (A34572)

6/23/93 - PUMP PIT FILLED WITH ROCKS & CEMENT R.H.

PLUMBER Driller VAN SANT COMPANY
(Signature)

License # 6501

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/27/05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 88 - 1635

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Michael Isom

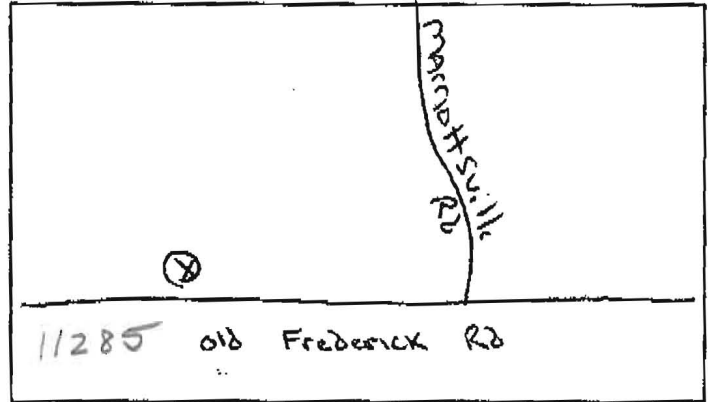
WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Julius Group

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: _____
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: _____



James Beall - owner

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	160	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 162

MWD MSD / MGD
 CIRCLE ONE

DATE 6/28/05

DENV 828

JULY 1997

(1) MDE